Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath CCG), Crawley CCG and Horsham & Mid-Sussex CC

Briefing for PCN, October 2015

NICE TA346 - Aflibercept for treating diabetic macular oedema

NICE Implementation date: 19th October 2015

Guidance [(1)]

1.1 Aflibercept solution for injection is recommended as an option for treating visual impairment caused by diabetic macular oedema only if:

the eye has a central retinal thickness of 400 micrometres or more at the start of treatment and

the company provides aflibercept with the discount agreed in the patient access scheme.

1.2 People whose treatment with aflibercept is not recommended in this NICE guidance, but was started within the NHS before this guidance was published, should be able to continue aflibercept until they and their NHS clinician consider it appropriate to stop

Alternative treatments (Updated pathway in development)

- Ranibizumab [(2)]
- Laser photocoagulation
- Intravitreal steroid implants
    - Fluocinolone acetate (Iluvien) [(3)]
    - Ozurdex (Dexamethasone)[(4)]

Impact to Patients

Increases choice
May increase interval between hospital appointments

Impact to Secondary Care

Potential increase in the number of injections and potential decrease in the number of monitoring appointments per patient with aflibercept when compared to ranibizumab as a result of differences in licensed schedules:

Aflibercept (DMO) [(5)] :

The recommended dose for Eylea is 2 mg aflibercept equivalent to 50 microlitres.
Eylea treatment is initiated with one injection per month for five consecutive doses, followed by one injection every two months. There is no requirement for monitoring between injections.
After the first 12 months of treatment with Eylea, the treatment interval may be extended based on visual and/or anatomic outcomes. The schedule for monitoring should be determined by the treating physician.
If visual and anatomic outcomes indicate that the patient is not benefiting from continued treatment, Eylea should be discontinued.

Ranibizumab (DMO) [(6)] :

Treatment is initiated with one injection per month until maximum visual acuity is achieved and/or there are no signs of disease activity i.e. no change in visual acuity and in other signs and symptoms of the disease under continued treatment. In patients with wet AMD, DME and RVO, initially, three or more consecutive, monthly injections may be needed.
Thereafter, monitoring and treatment intervals should be determined by the physician and should be based on disease activity, as assessed by visual acuity and/or anatomical parameters.

Impact to Primary Care

There may be an opportunity to improve compliance with primary prevention [(7)] :

- Improved glycemic control (Pioglitazone should be avoided in the presence of macula oedema)
- Improved blood pressure control
- Improved lipid control
- Smoking cessation

Impact to CCGs

Potentially increased cost of injections, reduced cost of monitoring appointments

NICE costing template estimates additional cost of aflibercept versus ranibizumab:
http://www.nice.org.uk/guidance/ta346/resources/costing-report2

The Bayer cost model, as described in the London Medicines Evaluation Network Review, April 2015, describes aflibercept as being less expensive.
http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/LNDG/London-Wide-Reviews/Aflibercept-in-Diabetic-Macular-Oedema-DMO/

Recommendation to PCN:

Approve aflibercept for treating diabetic macular oedema strictly within NICE criteria

Red traffic light Status

Consider whether to allow switching from ranibizumab in patients who are responding but for whom clinicians feel the switch would increase interval between appointments

For the longer term:

Audit the number of injections and the number of appointments per patient in practice, and determine the most cost effective option to the local health economy.

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Declaration of Interest – None. Attended Novartis sponsored evening at request of Clinical directors of G&W and Surrey Heath, no hospitality accepted.

September 2015

References:

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